


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90104 012 ****70.00

DOCUMENT # 737250	
1. Entity Name JEWISH FEDERATION HOUSING, INC.	

Principal Place of Business 757 WEST AVENUE MIAMI BEACH, FL 33139 US	Mailing Address 757 WEST AVENUE MIAMI BEACH, FL 33139 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1715089	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOLOMON JACOB
4200 BISCAYNE BLVD
MIAMI, FL 33137

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

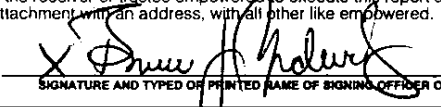
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRAVITZ, STEVEN J. 18735 NE 21ST AVE N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLOMON, JACOB 4200 BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS YUDEWITZ, BRUCE 4200 BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODMAN, MARTIN B 18110 W PRESTWICK PLACE MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-8-07 305 576-4000
Date Daytime Phone #